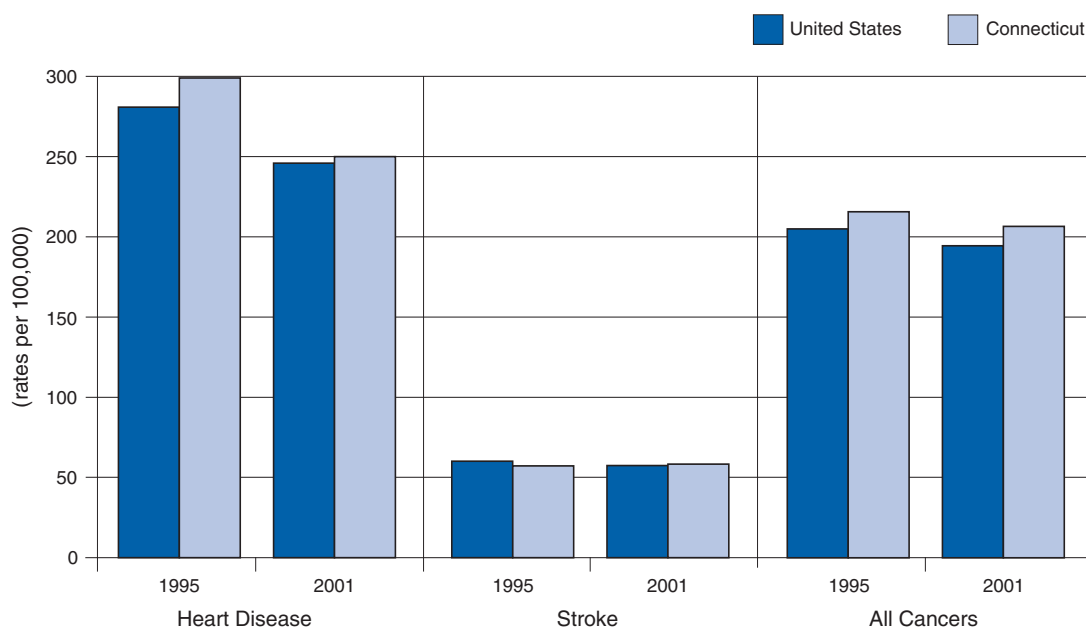


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Connecticut, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

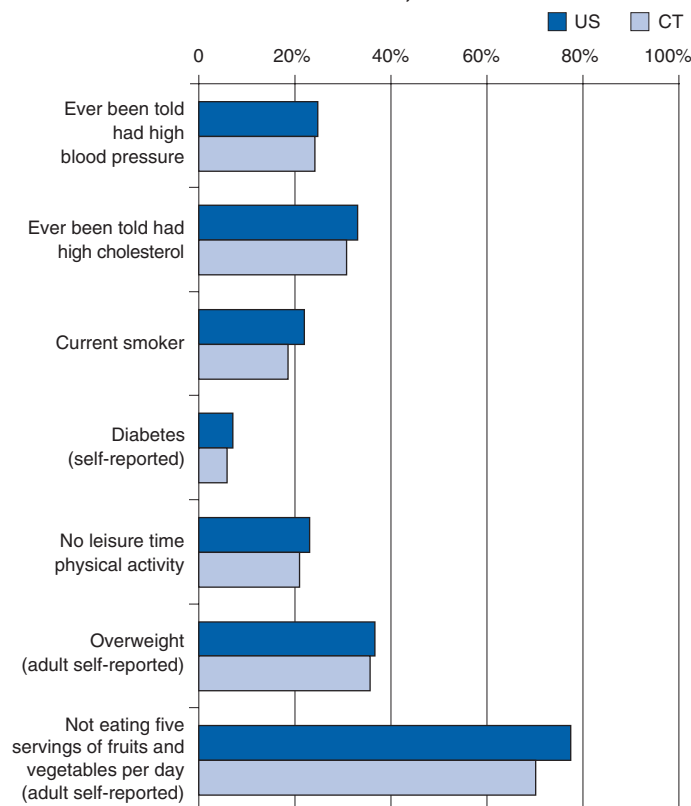
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Connecticut, accounting for 8,582 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,003 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 7,010 are expected in Connecticut. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 17,010 new cases that are likely to be diagnosed in Connecticut.

Estimated Cancer Deaths, 2004

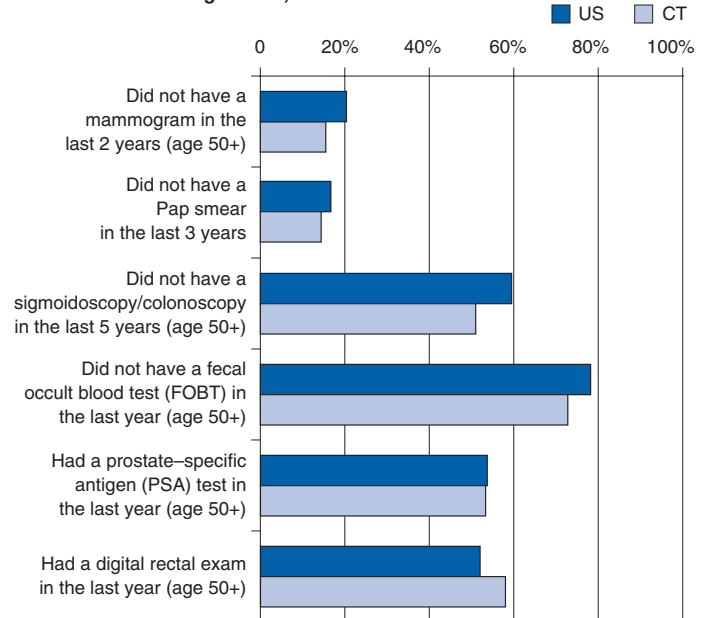
Cause of death	US	CT
All Cancers	563,700	7,010
Breast (female)	40,110	530
Colorectal	56,730	660
Lung and Bronchus	160,440	1,850
Prostate	29,900	430

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Connecticut's Chronic Disease Program Accomplishments

Examples of Connecticut's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women across all races, with the greatest decrease occurring among African Americans (368.7 per 100,000 in 1990 versus 343.9 per 100,000 in 2000).
- A 13.4% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 28.9% in 1992 to 15.5% in 2002).
- A prevalence rate that was lower than the corresponding national rate for women older than age 18 who reported not having had a Pap smear in the last 3 years (14.4% in Connecticut versus 16.7% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Connecticut in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Connecticut, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Connecticut BRFSS</i>	\$244,376
National Program of Cancer Registries	\$0
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Connecticut Cardiovascular Health Program</i>	\$215,000
Diabetes Control Program <i>Connecticut Diabetes Prevention and Control Program</i>	\$378,513
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Program</i>	\$1,327,206
National Comprehensive Cancer Control Program <i>Division of Health Education Intervention</i>	\$150,000
WISEWOMAN <i>Stay Healthy For Life</i>	\$725,332
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Connecticut Tobacco Prevention and Control Program</i>	\$883,111
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$3,923,538

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Connecticut that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD), including heart disease and stroke, is a serious public health concern in Connecticut. In 2001, approximately 72% of all heart disease deaths occurred among people over the age of 75, and factoring in stroke deaths increases this number to slightly above 90%. However, CVD does not affect only the elderly; it is also the second leading cause of premature death in adults between the ages of 45 and 75. Although CVD is presumed to primarily affect men, 53% of Connecticut's total CVD deaths are among women.

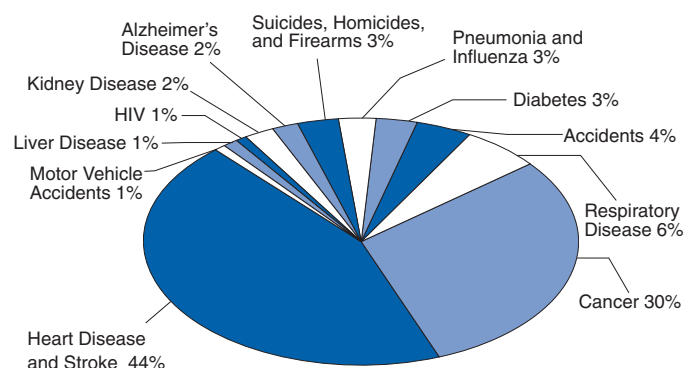
CVD poses a significant economic burden on the state. It is the most expensive medical condition, accounting for one seventh of the state's total health care spending. The state's estimated annual cost for coronary heart disease is \$1.2 billion; for stroke, \$500 million; and for congestive heart failure, \$500 million.

To address these problems, the staff of the Connecticut Department of Public Health's CVD program provides technical assistance to, and oversight of, more than 30 local health departments and other community agencies that receive funding for programs to reduce CVD risk factors in their residents.

In addition, the state has set several *Healthy People 2010* goals related to cardiovascular disease, including reducing the age-adjusted death rate for coronary heart disease from 177 to 166 per 100,000 by 2010, and reducing the age-adjusted death rate for stroke from 50 to 48 per 100,000 by 2010.

Text adapted from *Connecticut Department of Public Health Issue Brief #2002-1: Cardiovascular Disease, Connecticut's Leading Killer* (February 2002).

Major Causes of Death in Connecticut, 2001



Source: American Heart Association, 2004
Connecticut State Fact Sheet

Disparities in Health

African Americans, who make up about 9% of the population in Connecticut, have high risk factor prevalence rates for heart disease, stroke, and cancer—and high death rates for these diseases.

Risk factors for heart disease, stroke, and cancer include poor nutrition, physical inactivity, obesity, smoking, high blood pressure, and diabetes. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System, only 24.0% of African Americans in Connecticut reported consuming 5 or more servings of fruits or vegetables per day, compared with 30.5% of whites. In addition, 30.3% of the state's African Americans reported that they did not participate in any leisure time physical activity during the past month, compared with 18.4% of whites. As a result of these behaviors, Connecticut's African Americans have higher rates of obesity than whites (32.5% versus 18.0%). African Americans are also more likely to smoke (20.9%, compared with 18.1% of whites), and are more likely to report having been told by a doctor that they have high blood pressure (35.6%, compared with 25.4% of whites).

Given the high prevalence rates of the above risk factors, it is not surprising that African Americans in Connecticut have higher heart disease and stroke death rates than whites. From 1996 to 2000, African Americans had a heart disease death rate of 575 per 100,000, compared with 494 per 100,000 for whites. From 1991 to 1998, African Americans also had a higher stroke death rate (121 per 100,000) than whites (101 per 100,000).

African Americans in Connecticut also have higher cancer death rates than whites. In 2000, the cancer death rate among African American men in Connecticut was 343.9 per 100,000, compared with 227.8 per 100,000 for white men. That same year, Connecticut's African American women had a cancer death rate of 184.3 per 100,000, compared with 162.8 per 100,000 for white women.

Other Disparities

- **Diabetes:** In 2001, African Americans in Connecticut had a higher diabetes death rate than whites (46.5 per 100,000 versus 18.1 per 100,000).
- **Cervical Cancer:** Although 2002 data indicate that African American women were more likely to have had a mammogram in the last 3 years than white women (11.9% versus 13.3%), from 1997 to 2001, African American women had a higher cervical cancer death rate than white women (3.4 per 100,000 versus 1.8 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42
4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccdinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>